U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P t., 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 9378	2. Fiscal Year Covered From:	
	07 / 01 / 04 Through 06 / 30 / 05	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name JOE DRAKE	Name LOCAL UNION. NO. 45	
	Labor Organization File Number 628 019	
PO Box, Bidg , Room No , If any	P O Box, Building and Room Number, if any	
Street 2425 DELAWARE AVENUE	Street 2425 DELAWARE AVENUE	
CRy DES MOINES	City DES MOINES	
State IA ZIP Code + 4 50317 - 358	State IA ZIP Code + 4 50317 - 3581	
5 Position in labor organization ORGANIZER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any)	7.a Nature of Interest, Transaction, or Income	
Name		
Trade Name, if any		
PO Box, Bidg , Room No , if any		
Street	7 b Amount.	
City	-0-	
State ZiP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
1 / 2	Description of the second	
Signed for first	On 6 5 05 515 - 321 - 9070  Date Telephone Number	

Name of Person Filing JOE DRAKE	File Number U-	.,
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State  ZIP Code + 4	9 Business deals with  a Labor Organization  b. Trust  c. Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bldg , Room No., if any  Street  City  ZIP Code + 4	11 a Nature of such dealing  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received	
	12 b Amount.	<del></del>
C Received from any employer (other than an employer covered under parts A and B above) or from any labor retations consultant to an employer any payment of money or other thing of value		
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street  City  State  ZIP Code + 4	14 a. Nature of payment	
32 h. le the Business on Employee	14 b Amount of payment.	<del></del>

The transactions, dealings and interests that are reported in the attached Form LM -30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

Date